

**Office of the State Fire Marshal**  
Division of Fire Prevention - 1035 Stevenson Drive  
Springfield, Illinois 62703-4259

**Fire Equipment Distributor License Application**

Any person, partnership, corporation or other business entity which applies for an Illinois Fire Equipment Distributor license under the Fire Equipment Distributor and Employee Regulation Act (PA 85-1434) is required to register and submit disclosure information to the Illinois Office of the State Fire Marshal. Failure to provide any information will result in this application not being processed.

Type of Application: ☐ New Applicant  
Renewal (License # \_\_\_\_\_)

**Name and Address of Business**

Name of Business: \_\_\_\_\_

Name of Authorized Representative/Owner: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ Federal Employer Identification Number  
(FEIN): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**PLEASE CHECK TYPE OF LICENSE APPLYING FOR:**

- ☐ Class **A** Will service, recharge, hydro-test, install, maintain or inspect all types of fire extinguishers.  
(Fee: \$100.00)
- ☐ Class **B** Will service, recharge, hydro-test, install, maintain or inspect pre-engineered fire suppression systems. *Current Distributor for which manufacturer(s):* \_\_\_\_\_  
(Fee: \$200.00)
- ☐ Class **C** Will service, recharge, hydro-test, inspect and engineer all types of engineered fire suppression systems. (Fee: \$300.00)

**Additional Information Required.**

- ☐ Provide evidence of registration as an Illinois corporation or evidence of compliance with the Assumed Business Name Act [805 ILCS 405].
- ☐ Provide evidence of financial responsibility in a minimum amount of \$1,000,000 through liability insurance, self-insurance, group insurance, group self-insurance or risk retention group.
- ☐ Provide a copy of the identification number issued to the applicant by the United States Department of Transportation (USDOT) if engaged in hydro-testing and/or visually inspecting fire suppression devices or systems utilizing USDOT specification cylinders.
- ☐ Provide Letter from the Illinois Department of Revenue indicating:  
- Retail Occupational Tax Number (R.O.T.)  
- Federal Employer Identification Number (F.E.I.N.)  
(Illinois Dept. of Revenue Registration Division 217-785-3707)

Please provide a listing of all employees presently in your employment that will be required to be licensed under this Act.  
(If you need additional space, please list on separate paper and attach.)

<u>Employee Name</u>	<u>Social Security Number</u>
----------------------	-------------------------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*The above listed individuals are currently employed by this Distributor and will be subject to "employee" licensing requirements under the Illinois Fire Equipment distributor and Employee Regulation Act.*

### **License Fee and Renewal License Fee**

Once your application has been reviewed and approved, **you will be invoiced for the applicable fees. Do not remit fees with application.**

Failure to sign forms, submit necessary information, or provide attachments will cause your application to be returned and no license will be issued until all requirements are complete.

I certify that that I am authorized to sign this application and that all information contained herein is accurate and true, furthermore I certify that during the term of my Fire Equipment Distributors license, I will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letters of clearance and certifications.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No.: (    ) \_\_\_\_\_ Date: \_\_\_\_\_